

Charles A. Bon  
Patological Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 10-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				1		
4		3		3		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10	1		1			
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		5	1	8		
16		5	1	8		
17		1		1		
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TOTAL IND.	5		7			
TOTAL DEP.	29		19			
TOTAL CLAIMS	34		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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